

BEFORE THE OKLAHOMA BOARD OF NURSING

IN THE MATTER OF DAWN MARIE SMITH RONSPIEZ KARLIN, R.N., APRN-CNM, L.P.N.  
LICENSE NO. R0076671 SINGLE-STATE LICENSE  
LICENSE NO. L0045375 SINGLE-STATE LICENSE (LAPSED)

NOTICE OF HEARING

August 13, 2018

TO: Dawn Karlin  
2000 Pinnacle Drive  
Weatherford, Oklahoma 73096

You are hereby notified that a Nurse Investigator with the Oklahoma Board of Nursing [hereinafter Board] has filed a Complaint charging you with a violation(s) of the Oklahoma Nursing Practice Act, 59 O.S. §567.1, *et seq.* [hereinafter Act]. Jurisdiction for this action is based upon the Act, 59 O.S. §§567.1, *et seq.*, and the Rules promulgated by the Board, OAC 485:10-11-1., *et seq.*, and the particulars alleged in the Complaint.

You are further notified pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. §309, and Section 485:10-11-2. of the Rules promulgated by the Oklahoma Board of Nursing, a hearing will be held at the Sheraton Oklahoma City Downtown, 1 N. Broadway Avenue, 2<sup>nd</sup> Floor Ballroom, Oklahoma City, Oklahoma, on November 8, 2018, at 8:30 a.m.

At this hearing the charges in the Complaint against you will be heard, witnesses and evidence produced and a determination made as to what disciplinary action, if any, should be imposed on you including the assessment of administrative penalties. *This hearing is your opportunity to attend in person, defend your actions, be represented by legal counsel of your own choice, cross-examine all witnesses, present evidence and witnesses and argument on all issues involved. You must bring fifteen (15) copies of any document(s) you plan on presenting to the Board.*

If for any reason a hearing is not completed and the Board finds that the public health, safety or welfare imperatively requires emergency action, the Board may take such emergency action with regard to the respondent's license as it deems necessary in order to protect the health, safety or welfare of the public OAC 485:10-11-2.(b)(14).

You are required to submit to the Oklahoma Board of Nursing a written notarized Response and a Notice of Appearance within twenty (20) days from date of this Notice. If these two documents are not timely submitted, the Oklahoma Board of Nursing may determine you have waived the right to present a defense, declare you in **default**, and revoke, suspend or otherwise discipline your license as it may deem necessary pursuant to the Rules promulgated by the Board, specifically, OAC 485:10-11-2. (b)(2) and (9).

Should you fail to appear at the hearing, after having received proper notice, you may be determined to have waived the right to present a defense to the charges in the Complaint and the Board may declare you in default and revoke, suspend or otherwise discipline your license as it may deem necessary, pursuant to the Rules promulgated by the Board, specifically, 485:10-11-2. (b)(2) and (9).



BY ORDER OF:  
OKLAHOMA BOARD OF NURSING

**CERTIFIED RESTRICTED DELIVERY**

**9236 0901 9461 9400 0000 0413 29**

LG:tj

CERTIFICATE OF MAILING

This will certify that true and correct copies of the Complaint and Notice of Hearing have been placed in U.S. mail, via certified restricted delivery, postage prepaid to the following person(s) at her address of record with the Oklahoma Board of Nursing on this 13<sup>th</sup> day of August, 2018.

  
Legal Secretary

CERTIFIED RESTRICTED DELIVERY

9236 0901 9461 9400 0000 0413 29

Dawn Karlin  
2000 Pinnacle Drive  
Weatherford, Oklahoma 73096

## THE OKLAHOMA BOARD OF NURSING

IN THE MATTER OF DAWN MARIE SMITH RONSPIEZ KARLIN, R.N., APRN-CNM, I.p.n.  
LICENSE NO. R0076671 SINGLE-STATE LICENSE  
LICENSE NO. L0045375 SINGLE-STATE LICENSE (LAPSED)

## COMPLAINT

The Complaint of Lisa Griffitts, R.N., Nurse Investigator, Oklahoma Board of Nursing,  
respectfully states:

1. Respondent is Dawn Marie Smith Ronspiez Karlin, R.N., APRN-CNM, I.p.n.
2. Respondent is licensed to practice registered nursing in the State of Oklahoma, and is the holder of a single-state license, License No. R0076671 issued by the Oklahoma Board of Nursing ("Board"). Respondent is nationally certified to practice as a Certified Nurse-Midwife, Certification No. CNM0172 (expiration date December 31, 2020). Respondent is licensed by the Board as an advanced practice registered nurse-certified nurse midwife<sup>1</sup>. Respondent is licensed to practice licensed practical nursing in the State of Oklahoma and is the holder of a single-state license, License No. L0045375. Respondent's licensed practical nurse license lapsed on January 1, 2004. The Respondent's licensing history is attached as pages 5-26 and made a part hereof.
3. Respondent fails to adequately care for patients or to conform to the minimum standards of acceptable nursing practice that, in the opinion of the Board, unnecessarily exposes a patient or other person to risk of harm; is guilty of any act that jeopardized a patient's life, health or safety as defined in the Rules of the Board; and is guilty of unprofessional conduct as defined in the Rules of the Board; specifically, OAC 485:10-11-1.(a)(b)(2)(3)(H)(4)(D), and is in violation of the provisions of the Oklahoma Nursing Practice Act, 59 O.S. §§567.1, *et seq.*, specifically, §§567.8 A.1.a.b.d.f. 2. 3. B. 3., 7. and 8., with the following particulars, to wit:

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<sup>1</sup> Respondent initially obtained prescriptive authority on September 13, 2010 from the Board. On January 9, 2014 prescriptive authority was placed on inactive pursuant to Respondent's request.

- a. The Respondent, while working as an advanced practice registered nurse-certified nurse midwife (“APRN-CNM”) for Moments of Bliss Midwifery Services, LLC in Weatherford, Oklahoma (“Midwifery”), failed to adequately care for Patient #1 and Patient #3 and their unborn babies and conform to the minimum standards of acceptable nursing practice as an APRN-CNM<sup>2</sup> exposing Patients, described *infra*, to avoidable risk of harm.
  - i. On or about April 11, May 5, June 2, July 1, 20, 28, August 24, September 22, October 17, November 3, 4, 5, 6 and 7, 2016 the Respondent provided midwifery care for Patient #1<sup>3</sup> and her unborn baby and failed to: timely perform assessments, perform complete assessments, timely document assessments, adequately and appropriately monitor, follow the agreed terms in the Respondent’s *Consent/Waiver for Vaginal Birth After Cesarean (VBAC)* (“Consent”) executed prenatally on June 2, 2016 by the Respondent and Patient #1<sup>4</sup> and timely transfer Patient #1 and her unborn baby to inpatient hospital care. On or about November 7, 2016 Patient #1’s unborn baby (Infant-Patient #2) was born<sup>5</sup> at Mercy Hospital in Oklahoma City, Oklahoma and thereafter the baby was transferred to the University of Oklahoma Medical Center in Oklahoma City, Oklahoma (“Medical Center”). On or about November 8, 2016 Infant-Patient #2 died<sup>6</sup> at the Medical Center.<sup>7</sup>
  - ii. On or about May 12, June 9, July 6, August 4, September 9, October 6, 27, November 10, 23, December 5, 15, 22, 29, 2016, January 3, 10, 16, 17 and

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<sup>2</sup>The Oklahoma Nursing Practice Act 59 O.S. §567.3a.9. states: “Nurse-midwifery practice” means providing management of care of normal newborns and women, antepartally, intrapartally, postpartally and gynecologically, occurring within a health care system which provides for medical consultation, medical management or referral, and is in accord with the standards for nurse-midwifery practice as defined by the American College of Nurse-Midwives;” See also, 59 O.S. §567.3a.8.

<sup>3</sup> Patient #1’s first delivery was via cesarean section on July 27, 2015; approximately 15 months prior to the delivery of Patient #1’s baby on November 7, 2016.

<sup>4</sup> The executed Consent terms, included in relevant part: “Contraindications of VBAC outside the hospital are: Classical uterine incision, multiple gestations, more than 2 previous cesarean sections, less than two years (at the time of birth) since cesarean, major uterine surgery, poor health, breech or those that are unwilling to assume the added risks associated with a VBAC labor for themselves and/or baby.” The Consent is attached as page 27 and made a part hereof.

<sup>5</sup> Patient #1 was 36 weeks, and 5 days gestation when Infant-Patient #2 was born unresponsive, who presented with an unstable fetal lie to include a footling breech. The Infant-Patient #2 was resuscitated with Apgar scores of 0 at 1 minute and 1 at five minutes after birth. Apgar testing is the assessment of the newborn rating color, heart rate, stimulus response, muscle tone, and respirations on a scale of zero to two, for a maximum possible score of 10. Apgar testing is usually performed twice, first at one minute and then again at five minutes after birth.

<sup>6</sup>The Oklahoma State Department of Health death certificate documents Infant-Patient #2’s cause of death on November 8, 2016: “Hypoxic Ischemic Encephalopathy”.

<sup>7</sup>The Board received the reports of Oklahoma Nursing Practice Act violation(s) and patient(s) records in spring of 2018.

18, 2017 the Respondent provided midwifery care for Patient #3 and her unborn baby and failed to: timely perform assessments, perform complete assessments, timely document assessments, adequately and appropriately monitor, and timely transfer Patient #3 and her unborn baby to inpatient hospital care<sup>7</sup>. On January 18, 2017<sup>8</sup> Patient #3's baby was born as a stillbirth at INTEGRIS Southwest Medical Center in Oklahoma City, Oklahoma ("Hospital").

4. Jurisdiction for this Complaint is based upon the statutes regulating nursing practice in the State of Oklahoma, i.e., the Oklahoma Nursing Practice Act, 59 O.S. §§567.1, *et seq.*, and the promulgated Rules by the Oklahoma Board of Nursing, OAC 485:10-11-1, *et seq.* and the facts alleged herein.

WHEREFORE, Complainant prays the Board take such action as may be just and proper with regard to the licenses to practice licensed practical nursing, registered nursing and advanced practice registered nursing-certified nurse midwife held by Dawn Marie Smith Ronspiez Karlin, RN, APRN-CNM, l.p.n., including the assessment of administrative penalties as provided in 59 O.S. §§567.8A.2., J.1.and 2., and OAC 485:10-11-2.(c), of the Rules promulgated by the Oklahoma Board of Nursing. In the event disciplinary action is imposed, the Complainant requests that the Respondent reimburse the Board for the applicable costs of the investigation, as provided in 59 O.S. §§567.8.M.

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<sup>8</sup>Respondent documented Patient #3 was 41 weeks and 6 days gestation when she delivered a stillbirth baby. The Physician's Hospital Discharge Diagnosis for Patient #3 provided: s/p (status post) placental abruption, s/p uterine scar dehiscence and RLTCs (repeat low transverse cesarean section) with fetal demise.

DATED AND FILED with the Oklahoma Board of Nursing this 13<sup>th</sup> day of August 2018.

Lisa Griffitts  
LISA GRIFFITS, R.N.

STATE OF OKLAHOMA )

)

COUNTY OF OKLAHOMA )

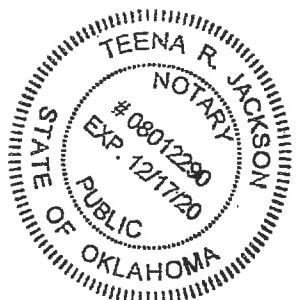
Lisa Griffitts, R.N., Nurse Investigator, Oklahoma Board of Nursing, is the Complainant in the above matter before the Oklahoma Board of Nursing: that she has read the Complaint and knows the contents thereof, and the facts set forth therein are true to the best of her information and belief.

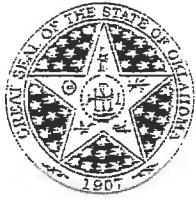
Lisa Griffitts  
LISA GRIFFITS, R.N.

SUBSCRIBED AND SWORN to me before this 13<sup>th</sup> day of August 2018.

Teena R. Jackson  
NOTARY PUBLIC  
My Commission expires:

DMC/2018-1889





## OKLAHOMA BOARD OF NURSING

2915 CLASSEN BOULEVARD • SUITE 524 • OKLAHOMA CITY, OKLAHOMA 73106-5437 • (405) 962-1800

www.ok.gov/nursing • Fax (405) 962-1821

## LICENSING HISTORY

IN THE MATTER OF DAWN MARIE SMITH RONSPIEZ KARLIN, R.N.,  
APRN-CNM, Lp.n.

LICENSE NO. R0076671 SINGLE-STATE LICENSE

LICENSE NO. L0045375 SINGLE-STATE LICENSE (LAPSED)

In August 2000, Respondent entered Redlands Community College in El Reno, Oklahoma.

On July 6, 2001, after taking the PN equivalency exam, Respondent was licensed by exam as a licensed practical nurse.

On January 1, 2004, Respondent's licensed practical nurse license lapsed.

On May 6, 2002, Respondent graduated from Redlands Community College in El Reno, Oklahoma.

On May 30, 2002, Respondent was licensed by exam as a registered nurse.

On July 10, 2002, a name change was made at the licensee's request.

On June 12, 2010, Respondent graduated from the University of Cincinnati in Cincinnati, Ohio.

On August 26, 2010, Respondent was licensed as an advanced practice registered nurse-certified nurse midwife.

On September 14, 2010, Respondent was granted prescriptive authority recognition.

On January 9, 2014, Respondent's prescriptive authority recognition was placed on inactive at licensee's request.



OKLAHOMA BOARD OF NURSING

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Written Verification of Oklahoma Licensure/Recognition

Name: KARLIN, DAWN MARIE  
 Address: 2000 PINNACLE DR  
 WEATHERFORD, OK 73096

License Type: Licensed Practical Nurse 1st Issued OK\*2001/07/06  
 License Number: L 45375,SSL Expiration:  
 License Status: Lapsed  
 Licensed by: Examination

Education:

School: PARTIAL RN EDUCATION TAKING PN  
 Location:  
 Type of Program: PN Equivalency  
 Graduation Date:  
 Oklahoma schools hold state approval.

Licensure Exam Date: 2001/07/03

Education and examination information may be considered primary source verification only if licensee was licensed by examination. If licensed by endorsement, education and examination information should be verified with original state of licensure.

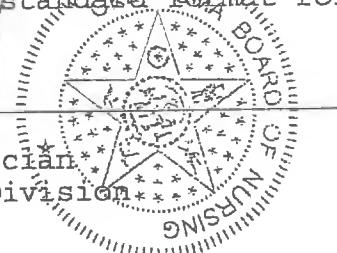
A certified copy will have the Seal of the Oklahoma Board of Nursing.

No disciplinary action has been taken by the Oklahoma Board of Nursing.

\*First Issued Date does not imply continual licensure/recognition status from that date forward.

To expedite the written verification of licensure/certification process, this is the standard format for all written verifications.

Robin Bryant  
 Administrative Technician  
 Regulatory Services Division  
 August 13, 2018



OKLAHOMA BOARD OF NURSING  
2915 North Classen Blvd., Suite 524  
Oklahoma City, Oklahoma 73106  
405/962-1800

RECEIVED

MAY 05 2001

OBN

OFFICE USE ONLY **P.136**  
O-S Rewrite \_\_\_\_\_  
RN EQ\Grad FEQ  
Approved by  
AM/MSH 5-21-01

PART I  
PRACTICAL NURSE  
APPLICATION FOR CERTIFICATE  
BY EXAMINATION

I hereby make application for a Certificate as a Licensed Practical Nurse in accordance with the statutes of the State of Oklahoma (59 O.S. 567.1-577.16)

(MUST BE TYPEWRITTEN)

Social Security # \_\_\_\_\_  
Male \_\_\_\_\_ Female  x

1. FULL LEGAL NAME Dawn Marie Smith Ronspiez  
First Middle Maiden Married

2. THREE FULL NAMES Dawn Marie Ronspiez  
TO APPEAR ON LICENSE (No initials)

3. MAILING ADDRESS 2451 Townsend Drive

Street Address/Box Number

El Reno OK 73036 405-262-4114

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

4. BIRTH DATE Mo/Day/Yr PLACE OF BIRTH Oklahoma City/OK US CITIZEN: Yes x No         
City/State

5. HIGH SCHOOL NAME Minco High School LOCATION Minco, OK  
Date of high school graduation 05/1990 or Date of GED

6. NAME OF NURSING SCHOOL Redlands Community College  
Location (City/State) El Reno, OK

Practical Nurse Program?      Registered Nurse Program?  x

other

Date of Entrance 08/2000 Date of Completion 05/2002

7. Were you enrolled in a program of registered or practical nursing other than the above named one? Yes        No x  
If yes, where?

8. Have you ever applied for registered or practical nurse licensure by examination in any state? Yes  No  If yes, identify date(s) and state(s):

9. Have you ever held a license or certificate in any health care field? Yes No  x

If yes, state held: \_\_\_\_\_ Lic/Cert type: \_\_\_\_\_ Lic/Cert Number: \_\_\_\_\_

10. Have you been arrested for any offense within the past five years? Yes  No

11. Have you been convicted for any offense within the past five years? Yes  No

12. Have you received a deferred sentence, including expunged offenses, within the past five years? Yes  No

13. Have you ever been convicted of a felony? Yes  No

14. Have you ever had disciplinary action taken on any health-related license in Oklahoma or any other state, territory or country? Yes  No

15. Have you ever been judicially declared incompetent? Yes  No

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS FROM 10 THROUGH 15, PLEASE SUBMIT A LETTER THAT DESCRIBES THE LOCATION AND CIRCUMSTANCES OF THE INCIDENT AND THE RESULTING ACTION TAKEN BY THE COURT OR DISCIPLINARY BOARD. THE LETTER SHOULD ACCOMPANY THIS APPLICATION AND BE SUBMITTED AT LEAST FOUR MONTHS PRIOR TO NURSING PROGRAM COMPLETION.



Photograph must meet the following guidelines: size 2"X2" with minimum 1" full face view without glasses; signed and dated on the front. Do not sign across the face view.

AFFIDAVIT

(To be filled out by applicant before a Notary Public)

SIGN FULL NAME, INCLUDING MIDDLE NAME (NO INITIALS)  
IF NO MIDDLE NAME, INDICATE "NMN". DO NOT PRINT.

I certify that I am the applicant who is referred to in the foregoing application for certificate as a Licensed Practical Nurse in the state of Oklahoma and that the statements therein contained are true in every respect.

Signature of applicant: Dawn Marie Smith Ronspink  
 First Middle Maiden Married

Subscribed and sworn before me, this 3 day of May, 20 01.

5-7-03

My Commission Expires

Signature  
 Notary Public

**NCLEX-PN™ CANDIDATE REPORT**  
National Council Licensure Examination for Practical Nurses

Test Date: 07/03/2001  
Test Center: 50902

Candidate Number: 105-59-846

Date of Birth:

Social Security Number:

Program Code: 24-999

Program Name: OKLAHOMA SPECIAL-RN EDUC CAND  
A OKLAHOMA CITY, OK

DAWN MARIE RONSPIEZ  
2451 TOWNSEND DRIVE  
EL RENO, OK. 73036



National Council  
of State Boards of Nursing, Inc.



DAWN MARIE RONSPIEZ, an applicant for licensure by the  
OKLAHOMA BOARD OF NURSING, HAS PASSED  
the National Council Licensure Examination for Practical Nurses.

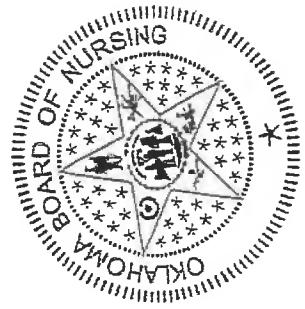
NCLEX NCLEX

## Licensure Of History Report

8/13/18 Page 1  
9:14:49 NMRG163

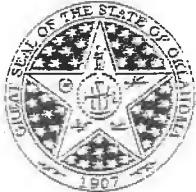
Nurse: L 0045375 KARLIN, DAWN MARIE

Entry Date	Code	Biennal	Received	Effective	Expiration	Status	El/X
2004/07/01	LL	Comment 1 DURING F/M CUTOFF *		2004/07/01			
2002/01/01	KL	MD175075	2001/10/10	2002/01/01	2003/12/31		
2001/07/06	OH	BB750003	2001/07/06	2001/07/06	2001/12/31	X	
		Comment 2 EXAM TAKEN	8760				



Date 01/13/18

I certify this to be a true copy of the  
records on file with the Oklahoma Board of  
Nursing  
Signed *Debra Nickels*



## OKLAHOMA BOARD OF NURSING

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www.ok.gov/nursing • Fax (405) 962-1821

## Written Verification of Oklahoma Licensure/Recognition

Name: KARLIN, DAWN MARIE  
 Address: 2000 PINNACLE DR  
 WEATHERFORD, OK 73096

License Type: Registered Nurse  
 License Number: R 76671,SSL  
 License Status: Active  
 Licensed by: Examination

1st Issued OK\*2002/05/30  
 Expiration: 2018/12/31

Education:  
 School: REDLANDS COMM COLLEGE-AD  
 Location: EL RENO OK  
 Type of Program: Associate - Nursing  
 Graduation Date: 2002/05/06  
 Oklahoma schools hold state approval.

Licensure Exam Date: 2002/05/25

Education and examination information may be considered primary source verification only if licensee was licensed by examination. If licensed by endorsement, education and examination information should be verified with original state of licensure.

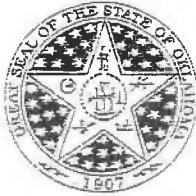
A certified copy will have the Seal of the Oklahoma Board of Nursing.

Advance Practice Licensetion: CNM  
 Certifying Body: Amer Midwifery Cert Board  
 Certification: CNM-Certified Nurse Midwife  
 License Status: Active  
 License Expiration Date: 2018/12/31  
 Recognition 1st Issued in OK\*: 2010/08/26  
 Prescriptive Authority Recognition:  
 Recognition Status: Inactive  
 Recognition Expiration Date:  
 Recognition 1st Issued in OK\*: 2010/09/14

No disciplinary action has been taken by the Oklahoma Board of Nursing.

\*First Issued Date does not imply continual licensure/recognition status from that date forward.

To expedite the written verification of licensure/certification process, this is the standard format for all written verifications.



OKLAHOMA BOARD OF NURSING

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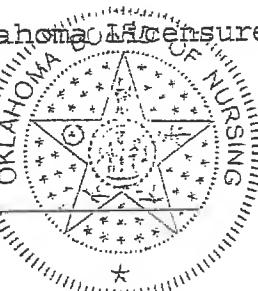
[www.ok.gov/nursing](http://www.ok.gov/nursing) • Fax (405) 962-1821

Written Verification of Oklahoma Licensure/Recognition

Name: KARLIN, DAWN MARIE

*Robin L Bryant*

Robin Bryant  
Administrative Technician  
Regulatory Services Division  
August 13, 2018



OKLAHOMA BOARD OF NURSING  
 2915 North Classen Blvd., Suite 524  
 Oklahoma City, Oklahoma 73106  
 (405) 962-1800

RECEIVED

MAY 08 2002

OBN

OFFICE USE ONLY:  
 O-S Rewrite \_\_\_\_\_  
 Approved by  
*Amber N. H. 5/9/02*

PART I  
 REGISTERED NURSE  
 APPLICATION FOR CERTIFICATE  
 BY EXAMINATION

I hereby make application for a Certificate as a Registered Nurse in accordance with the statutes of the State of Oklahoma (59 O.S. 567.1-567.16)

(MUST BE TYPEWRITTEN)

Social Security #  
 Male \_\_\_\_\_ Female

1. FULL LEGAL NAME Dawn Marie Smith Ronspiez  
 First Middle Maiden Married

2. THREE FULL NAMES Dawn Marie Ronspiez  
 TO APPEAR ON LICENSE (No initials)

3. MAILING ADDRESS 23820 West Jensen Road  
 Street Address/Box Number

Calumet Oklahoma 73014 (405) 306-4168  
 City State Zip Phone No.

4. BIRTH DATE PLACE OF BIRTH OKC, OK US CITIZEN: Yes  No \_\_\_\_\_  
 Mo/Day/Yr City/State

5. NAME OF NURSING PROGRAM Redlands Community College

LOCATION (City/State) El Reno, Oklahoma

Associate Degree  Diploma Baccalaureate Degree

Date of Entrance 08/21/00 Date of Completion 05/06/02

6. Were you enrolled in a nursing education program other than the one from which you are graduating? No  If yes, where?

7. Have you ever applied for registered nurse licensure by examination in any other state? Yes  No  If yes, identify date(s) and state(s):

8. Have you ever held a license or certificate in any health care field?

Yes  No \_\_\_\_\_

If yes, state: OK Lic/Cert type: LPN Lic/Cert Number: L0045375

9. Have you been arrested for any offense within the past five years? Yes  No

10. Have you been convicted for any offense within the past five years? Yes  No

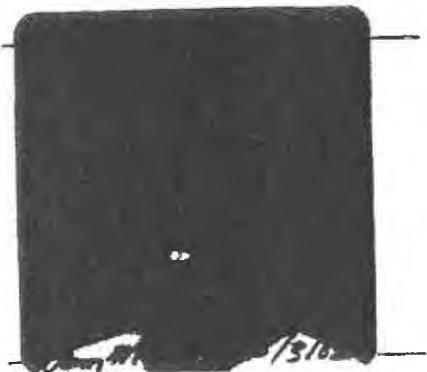
11. Have you received a deferred sentence, including expunged offenses, within the past five years? Yes  No

12. Have you ever been convicted of a felony? Yes  No

13. Have you ever had disciplinary action taken on any health-related license in Oklahoma or any other state, territory or country? Yes  No

14. Have you ever been judicially declared incompetent? Yes  No

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS FROM 9 THROUGH 14, PLEASE SUBMIT A LETTER AND COURT RECORDS AS DESCRIBED IN THE INSTRUCTIONS. THIS INFORMATION SHOULD BE SUBMITTED WITH YOUR APPLICATION AND THE CRIMINAL HISTORY RECORD FOUR MONTHS PRIOR TO COMPLETION OF THE NURSING PROGRAM.



Photograph must meet the following guidelines: size 2"X2" with minimum 1" full face view without glasses; neutral background; light-colored clothing; signed and dated on the front. Do not sign across the face.

#### AFFIDAVIT

(To be filled out by applicant before a Notary Public)

SIGN FULL NAME, INCLUDING MIDDLE NAME (NO INITIALS)  
IF NO MIDDLE NAME, INDICATE "NMN". DO NOT PRINT.

I certify that I am the applicant who is referred to in the foregoing application for certificate as a licensed registered nurse in the state of Oklahoma and that the statements therein contained are true in every respect.

Signature of applicant: *Jan Marie Smith Ponson*  
First Middle Maiden Married

Subscribed and sworn before me, this 3rd day of May, 2002.

01-14-2004  
My Commission expires

Form X09RN 08/01



KATHY BAYNE  
Canadian County  
Notary Public in and for  
State of Oklahoma  
My commission expires Jan 14 2004

*Kathy Bayne*  
Notary Public

# NCLEX-RN® CANDIDATE REPORT

National Council Licensure Examination for Registered Nurses

Test Date: 05/25/2002

Test Center: 50902

Candidate Number: 105-55-846

Date of Birth:

Social Security Number:

Program Code: 24-491

Program Name: REDLANDS COMM COLLEGE-AD

A EL RENO, OK

NATIONAL  
COUNCIL  
OF STATE BOARDS OF NURSING, INC.



DAWN MARIE RONSPIEZ  
23820 W JENSEN RD  
CALUMET, OK 73014

DAWN MARIE RONSPIEZ, an applicant for licensure by the  
OKLAHOMA BOARD OF NURSING, HAS PASSED  
the National Council Licensure Examination for Registered Nurses.

RECEIVED

AUG 11 2010

OBN RECEIVED

AUG 20 2010

OBN

*(Returned - Insufficient Application)*

APPLICATION FOR RECOGNITION AS AN ADVANCED PRACTICE NURSE  
TYPE OR PRINT IN BLACK INK ONLY

I hereby make application for recognition as an advanced practice nurse in accordance with the statutes of the State of Oklahoma (59 O.S. 567.3(a)5).

## SECTION I: APPLICANT INFORMATION

Type of Recognition (Check one): ARNP  CNM  CNS  CRNA  RN License # \_\_\_\_\_  
Check if Temporary Recognition Requested:  Oklahoma Licensure Number R0076671

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm dd yy

Full legal name Dawn Marie Smith Karlin  
First Middle Maiden (If applicable) Last

Mailing Address 23820 Jensen Rd NW

Calumet OK 73014 405, 306 4168  
City State Zip Telephone Number

Email Address dawnkarlinrn@yahoo.com

## SECTION II: EDUCATION

Name of School Offering Advanced Practice Nurse Program University of Cincinnati

Location Cincinnati

Type of program (Check one):

Certificate  Bachelor's  Master's in Nursing   
 Master's in Other Field  Post-master's Certificate  Doctorate in Nursing

Date admitted to program 6-1-2008 Date Program completed 6-12-2010

SECTION III: CERTIFICATION INFORMATION RECEIVEDTO BE COMPLETED BY THOSE APPLYING FOR INITIAL RECOGNITION AUG 11 2010Name of APN certification Certified Nurse Midwife OBNName of national certifying body American Midwifery Certification BoardNational certification number CNM 0172 Date of initial certification 7-27-10

TO BE COMPLETED BY THOSE APPLYING FOR TEMPORARY RECOGNITION

RECEIVEDName of APN certification exam you are scheduled to write \_\_\_\_\_ AUG 20 2010Name of national certifying body \_\_\_\_\_ OBN

Current or anticipated national certification code number \_\_\_\_\_

All applicants must select only one code from the list in *National Certifying Bodies and APN Certification Examinations Approved by the Oklahoma Board of Nursing*, available on the Board's website: [www.ok.gov/nursing/prac-natcert.pdf](http://www.ok.gov/nursing/prac-natcert.pdf).

TO BE COMPLETED BY CNMs ONLY:

If you are applying for CNM recognition, have you enrolled in the Continuing Competency Assessment (CCA) or Certificate Maintenance Program as maintained by the American Midwifery Certification Board?

Yes  No 

## SECTION IV: EMPLOYMENT INFORMATION

Are you or have you ever practiced or represented yourself as an Advanced Practice nurse in the State of Oklahoma? Yes  No 

If yes, list name and address of employer, your position title, and the last date you worked in a position requiring a nursing license.

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor's Telephone Number \_\_\_\_\_

Position Title \_\_\_\_\_ Last Date Worked in Position Requiring Nursing License \_\_\_\_\_

If no, list name and address of most recent employer: 8/18/10 DK 8/18/10

Mercy Hospital El Reno 2115 Parkview Dr El Reno, OK 73036  
 Name of Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Position Title RN 8/18/10 Last Date of Employment 8/18/10 DK  
still currently employed as of

Are you recognized as an advanced practice nurse in any other state(s) Yes  No 

If yes, give the name of state(s) \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

RECEIVED

## SECTION VI: PHOTOGRAPH

AUG 11 2010

OBN

RECEIVED

AUG 20 2010

OBN



Photograph must meet the following guidelines:

- Size 2" x 2" with minimum 1" full face view without glasses.
- Neutral clothing; light colored clothing;
- Signed and dated on the front. Do not sign across the face.

## SECTION VII: HISTORY OF ARREST, DISCIPLINARY ACTION, OR MENTAL INCOMPETENCE

1. Have you ever been arrested for any offenses in any state, territory, or country, including expunged offenses, with the exception of minor traffic offenses, not previously reported to the Board? Minor traffic violations do not include DUI? Yes  No
2. Have you ever been convicted of any offense in any state, territory, or country, including expunged offenses, with the exception of minor traffic violations, not previously reported to the Board? Yes  No
3. Have you ever received a deferred sentence, for any offense in any state, territory, or country, including expunged offenses, not previously reported to the Board? Yes  No
4. Have you ever been convicted of a felony in any state, territory, or country, not previously reported to the Board? Yes  No
5. Have you ever had disciplinary action taken against your nursing license, recognition, or certificate; any health-related license, recognition, or certificate; or any application for a nursing or health-related license, recognition, or certificate in any state, territory or country, not previously reported to the Board? Yes  No
6. Have you ever been judicially declared incompetent in any state, territory, or country, not previously reported to the Board? Yes  No

If any answer to any question #1 through #4 is yes, please submit a letter of description and certified copies of Information Sheet, Charges, Judgment and Sentence, or a certified copy of the Order of Expungement. If you answer yes to question #5, please submit a letter of description and certified copies of the charges/complaints, finding of fact, and orders of the Board. If you answer yes to question #7, please submit a letter of description and a certified copy of the Court Order.

SECTION VIII: APPLICANT'S STATEMENT	RECEIVED AUG 11 2010
Please check each of the following to verify your understanding:	
<input checked="" type="checkbox"/> I understand that I must complete all questions on the application form, type or in black ink, with no white-out. <span style="float: right;">OBN</span>	
<input checked="" type="checkbox"/> I understand that I must sign the application using my full legal name in the presence of a Notary Public. <span style="float: right;">RECEIVED AUG 20 2010</span>	
<input checked="" type="checkbox"/> I understand that I must attach a cashier's check or money order for \$70.00 to my application form prior to submission (plus an additional \$10.00 if a temporary recognition is requested). I understand that I can receive a temporary recognition only if I am a new graduate who has applied to the certification examination. <span style="float: right;">OBN</span>	
<input checked="" type="checkbox"/> I understand I must tape an original 2" x 2" photograph with my legible signature and date to the application form.	
<input checked="" type="checkbox"/> I understand that if I answer "yes" to any question from #1 through #6, I must attach an original letter of description with my signature and certified copies of court records or the Board order.	
<input checked="" type="checkbox"/> I understand that I must request that my advanced practice educational program submit an official transcript directly to the Board office.	
<input checked="" type="checkbox"/> I understand that I must attach a legible photocopy of my current advanced practice certification card to the application.	
<u>AFFIDAVIT</u>	
Sign full name LEGIBLY – No initials – DO NOT PRINT – If no middle name, indicate "NMN".	
I declare and affirm that the statements made in this application, including accompanying documents are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application, may be cause for denial or loss of licensure.	
Signature of Applicant:	<u>Dawn Marie Smith Clark</u> FIRST                    MIDDLE                    MAIDEN (if applicable)                    LAST
I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this <u>10</u> day of, <u>August</u> , <u>2010</u> .	
Notary Public Signature:	<u>Dawn Ellen Kaelin</u>
My Commission expires:	<u>#02016445</u> <u>10-20-10</u>
(NOTARY SEAL)	



american midwifery certification board

RECEIVED

August 4, 2010

AUG 11 2010

OBN

To Whom It May Concern:

This is to verify that Dawn Karlin is indeed a certified nurse-midwife. She completed her course of studies at University of Cincinnati and subsequently sat the national certification examination. She was issued certificate number CNM0172 effective July 27, 2010.

The certificate of Dawn Karlin will expire on December 31, 2015.

Sincerely,

A handwritten signature in black ink, appearing to read 'Denise M. Smith'.

Denise M. Smith  
Office Manager

849 International Drive  
Suite 205  
Linthicum, Maryland 21090  
ph. 410.694.9424  
fx. 410.694.9425  
[www.amcbmidwife.org](http://www.amcbmidwife.org)



RECEIVED

## OKLAHOMA BOARD OF NURSING

2915 N. Classen Blvd., Suite 524

Oklahoma City, OK 73106

(405) 962-1800

AUG 11 2010

OBN

APPLICATION FOR RECOGNITION AS AN ADVANCED PRACTICE NURSE  
TYPE OR PRINT IN BLACK INK ONLY

I hereby make application for recognition as an advanced practice nurse in accordance with  
the statutes of the State of Oklahoma (59 O.S. 567.3(a)).

## SECTION I. APPLICANT INFORMATION

Type of Recognition (Check one): ARNP  CNM  CNS  CRNA  RN / license # R0076671  
Check if Temporary Recognition Requested:  Oklahoma Licensure Number       

Social Security #        Date of Birth:        mm        dd        yyy

Full legal name Dawn Marie Smith Karlin  
First Middle Maiden (If applicable) Last

Mailing Address 23820 Jensen Rd NW

Calumet OK 73014 405 306 4168  
City State Zip Telephone Number

Email Address dawnkarlinrn@yahoo.com

## SECTION II: EDUCATION

Name of School Offering Advanced Practice Nurse Program University of Cincinnati

Location Cincinnati

Type of program (Check one):

Certificate  Bachelor's  Master's in Nursing   
Master's in Other Field  Post-master's Certificate  Doctorate in Nursing

Date admitted to program 6-1-2008 Date Program completed 6-12-2010

SECTION III: CERTIFICATION INFORMATION		RECEIVED	
TO BE COMPLETED BY THOSE APPLYING FOR INITIAL RECOGNITION		AUG 11 2010	
Name of APN certification		Certified Nurse Midwife	
Name of national certifying body		American Midwifery Certification Board	
National certification number		CNM 0172	
Date of initial certification		7-27-10	
TO BE COMPLETED BY THOSE APPLYING FOR TEMPORARY RECOGNITION			
Name of APN certification exam you are scheduled to write			
Name of national certifying body			
Current or anticipated national certification code number			
All applicants must select only one code from the list in <i>National Certifying Bodies and APN Certification Examinations Approved by the Oklahoma Board of Nursing</i> , available on the Board's website: <a href="http://www.ok.gov/nursing/prac-natcert.pdf">www.ok.gov/nursing/prac-natcert.pdf</a> .			
TO BE COMPLETED BY CNMs ONLY:			
If you are applying for CNM recognition, have you enrolled in the Continuing Competency Assessment (CCA) or Certificate Maintenance Program as maintained by the American Midwifery Certification Board?			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
SECTION IV: EMPLOYMENT INFORMATION			
Are you or have you ever practiced or represented yourself as an Advanced Practice nurse in the State of Oklahoma? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If yes, list name and address of employer, your position title, and the last date you worked in a position requiring a nursing license.			
Name of Employer	Address		
Name of Supervisor	Supervisor's Telephone Number		
Position Title	Last Date Worked in Position Requiring Nursing License		
If no, list name and address of most recent employer.			
Name of Employer	Address		
Position Title	Last Date of Employment		
Are you recognized as an advanced practice nurse in any other state(s)		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, give the name of state(s)			
State	Number	State	Number
State	Number	State	Number

RECEIVED

## SECTION VI: PHOTOGRAPH

AUG 11 2010

OBN



Photograph must meet the following guidelines:

- Size 2" x 2" with minimum 1" full face view without glasses.
- Neutral clothing; light colored clothing;
- Signed and dated on the front. Do not sign across the face.

## SECTION VII: HISTORY OF ARREST, DISCIPLINARY ACTION, OR MENTAL INCOMPETENCE

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2. Have you ever been convicted of any offense in any state, territory, or country, including expunged offenses, with the exception of minor traffic violations, not Previously reported to the Board? Yes  No
3. Have you ever received a deferred sentence, for any offense in any state, territory, or country, including expunged offenses, not previously report to the Board? Yes  No
4. Have you ever been convicted of a felony in any state, territory, or country, not Previously reported to the Board? Yes  No
5. Have you ever had disciplinary action taken against your nursing license, recognition, or certificate; any health-related license, recognition, or certificate; or any application for a nursing or health-related license, recognition, or certificate in any state, territory or country, not previously reported to the Board? Yes  No
6. Have you ever been judicially declared incompetent in any state, territory, or country, not previously reported to the Board? Yes  No

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## SECTION VII: APPLICANT'S STATEMENT

RECEIVED

AUG 11 2010

Please check each of the following to verify your understanding:

OBN

- I understand that I must complete all questions on the application form, type or in black ink, with no white-out.
- I understand that I must sign the application using my full legal name in the presence of a Notary Public.
- I understand that I must attach a cashier's check or money order for \$70.00 to my application form prior to submission (plus an additional \$10.00 if a temporary recognition is requested). I understand that I can receive a temporary recognition only if I am a new graduate who has applied to the certification examination.
- I understand I must tape an original 2" x 2" photograph with my legible signature and date to the application form.
- I understand that if I answer "yes" to any question from #1 through #6, I must attach an original letter of description with my signature and certified copies of court records or the Board order.
- I understand that I must request that my advanced practice educational program submit an official transcript directly to the Board office.
- I understand that I must attach a legible photocopy of my current advanced practice certification card to the application.

AFFIDAVIT

Sign full name LEGIBLY – No initials – DO NOT PRINT – If no middle name, indicate "NMN".

I declare and affirm that the statements made in this application, including accompanying documents are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application, may be cause for denial or loss of licensure.

Signature of Applicant:

Dawn Marie Smith Karin  
 FIRST MIDDLE MAIDEN (if applicable) LAST

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 10 day of, August, 2010.

Notary Public Signature:

Dawn Ellen Karlin  
 My Commission expires: #02016445  
10-20-10

(NOTARY SEAL)

## Licensure Of History Report

8/ 13/ 18  
9: 24: 04  
Page  
NNMRG163

Nurse: R 0076671 KARLI N. DAWN MARIE

Entry Date	Code	Blennial	Received	Effective	Licensor	Expiration	Status	E/X
2005/01/01	RR	C461B066	2004/10/11	2005/01/01	2006/12/31			
2003/01/01	KR	K4385092	2002/10/25	2003/01/01	2004/12/31			
2002/07/10	OH	1494	2002/07/10	2002/07/10	2002/12/31			
2002/05/30	OH	N2359018	2002/05/30	2002/05/30	2002/12/31			X
		Comment 2	EXAM TAKEN	2369				

Nurse: R 0076671 KARLI N. DAWN MARI E'

Code	Biennal	Received	Compliant	Processed	Effective	License
						Expiration
Renewal RN APRN	D6291684	2016/10/14	2016/10/14	2016/10/17	2017/01/01	2018/12/31
Renewal RN APRN	C4282677	2014/10/08	2014/10/08	2014/10/09	2015/01/01	2016/12/31
PLACE ON INACTIVE - RX	12298693	2014/01/08	2014/01/09	2014/01/09	2014/01/09	2014/12/31
Supervisory Physician Change	Comment: HX ENTRY					
Renewal RN AP Rx	2298693	2012/10/12	2012/10/12	2012/10/24	2013/01/01	2014/12/31
Renewal RN AP Rx	2298693	2010/10/17	2010/10/17	2010/12/07	2011/01/01	2012/12/31
Renewal RN AP Rx	ND341618	2010/09/08	2010/09/08	2010/09/14	2010/09/14	2010/12/31
Recognition Rx	08308664	2010/08/11	2010/08/20	2010/08/26	2009/01/01	2010/12/31
Recognition APN	08308664	2008/10/31	2008/11/01	2008/11/01	2009/01/01	2010/12/31
Renewal RN Online	08308664	2006/12/18	2006/12/18	2006/12/18	2007/01/01	2008/12/31
Renewal RN Online	D6352674					



Date 8/13/18

I certify this to be a true copy of the  
records on file with the Oklahoma Board of  
Nursing  
Signed: Karen M. McCloud

Moments of Bliss Midwifery Services LLC

Transcribed on 21/7/16

Moments of Bliss Midwifery Services LLC

Dawn Kardin APRN-CNM

519 W Main St Weatherford, OK 73096

### Consent / Waiver for Vaginal Birth After Cesarean (VBAC)

As you may know, there are risks in any birthing situation whether it is hospital, birth center or home birth. Just being pregnant carries some risks. VBAC carries with it some special considerations that you must be aware of in order to make an informed decision on attempting a VBAC outside the hospital with a Midwife. The following list is designed to help you make an informed decision about attempting to have a vaginal birth after cesarean also known as VBAC. Your alternative would be to have a repeat cesarean section. Please sign below if you agree with the following statements:

- I understand that I have had one or more prior cesarean(s).
- I understand that my midwife will follow OMA guidelines.
- I understand that I have the option of an elective repeat cesarean with a physician or to attempt a normal vaginal birth in the hospital, or choose to birth out of the hospital with a midwife.
- I understand that approximately 60-80% of women who have had a previous cesarean will successfully give birth vaginally. The success rate increases for those that have already had a vaginal birth.
- The benefits of a VBAC include: decreased blood loss, decreased postpartum complications and a shorter recuperation.
- I understand that there is a higher risk of uterine rupture because of the uterine scar from my cesarean. This risk is increased by the use of medications that are used to augment labor and decreased by natural labor without augmentation.
- I understand that my midwife will not augment or naturally stimulate a VBAC.
- I understand that in the event of a uterine rupture there are risks to myself and to the baby with a higher risk of harm to the baby than to me.
- I understand the risks to me, from uterine rupture, include but are not limited to: excessive blood loss, blood transfusion, hysterectomy, infection, injury to my internal organs (bowel, bladder, ureter), blood coagulation problems and death. These are the same for cesarean birth.
- I understand that the risk of uterine rupture during VBAC in someone like me who has had a prior incision in the noncontracting part of my uterus is around 1%.
- I understand that if I have a uterine rupture there may not be sufficient time to transfer to the hospital to prevent harm to my baby or to me.
- I understand that the exact frequency of death or permanent neurologic injury to the baby when the uterus ruptures is uncertain, but has been reported as high as 50%.
- Contraindications of VBAC outside the hospital are: Classical uterine incision, multiple gestations, more than 2 previous cesarean sections, less than two years (at the time of birth) since cesarean, major uterine surgery, poor health, breech or those that are unwilling to assume the added risks associated with a VBAC labor for themselves and/or baby.
- I understand that if I choose to attempt a VBAC and end up having a cesarean section during labor, I have a greater risk of problems than if I had an elective repeat cesarean section.
- I understand the risks of repeat cesarean section include but are not limited to: blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), injury to the baby, possible hysterectomy, blood coagulation problems or death.
- I understand and assume the added risk for myself and the baby and agree to follow closely the recommendations (including dietary, chiropractic and acupuncture) to stay in the low risk category.
- I understand that my midwife will follow the VBAC guidelines that include encouraging a healthy diet, evening primrose oil beginning at 36 weeks and Cell Salts at 37 weeks. Other homeopathics are occasionally used as well.
- I agree that if my midwife feels that consultation, collaboration or referral of care to a physician is in the best interest of mom or baby, I will comply with her recommendations.
- I have read and understand the above information and have had my questions answered and have received all the information I need to make an informed choice after discussing my options with my midwife.

I agree with the above and want to attempt a VBAC with a Midwife out of the hospital.

Patient #1 Date 06/02/2015

Witness A. Michael Johnson Date 5-2-16